

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket No. (Optional) F0222.0045/P045											
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> In re Application of      Alan Derek et al. </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; display: flex; justify-content: space-between;"> <div> Application Number 09/180,335-Conf. #6668 </div> <div> Filed February 25, 1999 </div> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> For:      METHOD OF ASSAY </div> <div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between;"> <div> Art Unit      1743 </div> <div> Examiner      J. R. Snay </div> </div>													
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="width: 40%; text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;">\$ 950.00</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$ _____</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-2215</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent of record. Registration Number _____</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>24,735</u></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p><u>May 12, 2004</u> Date</p> <p><u>(212) 896-5471</u> Telephone Number</p> </div> <div style="width: 45%; text-align: center;"> <p> Signature</p> <p>Edward A. Meilman Typed or printed name</p> </div> </div>				<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ 950.00	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____												
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____												
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ 950.00												
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____												
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____												
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p>													
<p><input type="checkbox"/> Total of <u>1</u> forms are submitted.</p>													

05/12/2004 SSITHIB1 00000133 09180335

**01 FC:1253**

**950.00 OP**